

Case Number:	CM14-0030608		
Date Assigned:	06/20/2014	Date of Injury:	02/23/2007
Decision Date:	07/30/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old male who reported an injury on 02/26/2007 due to pulling a tree. The injured worker complained of pain in his left arm, rated the pain 7/10 to 8/10 on a 10 point scale with medication. The injured worker has also experienced numbness, tingling, heaviness, and weakness in his left upper extremity, left shoulder pain, left elbow pain, and left wrist pain. On physical examination dated 02/14/2014, there was restricted movement with flexion limited to 150 degrees to the left shoulder, abduction limited to 100 degrees, internal rotation behind body limited to degree L5, and limited due to pain. There was tenderness on palpation noted in the acromioclavicular joint, carotid process, and subdeltoid bursa. Range of motion is restricted to the left elbow limited at 140 degrees. The flexion and extension limited to 0 degrees. Tenderness to palpation is noted over the lateral iliac crest epicondyle referred to the left elbow lateral epicondyle with resisted wrist extension testing. The injured worker's diagnoses were lateral epicondylitis, shoulder pain, wrist pain, and depression with anxiety. Treatment plan is for physical therapy sessions 2 times a week for 6 weeks for the left arm. The injured worker's medication was Cymbalta 30 mg capsules take 1 tablet mid day and Cymbalta 60 mg capsules take 1 tablet in the morning, and Voltaren 1% gel apply 4 grams to affected body part 2 to 3 times per day as needed. The injured worker's past treatments and diagnostics were x-ray of the left wrist dated 04/27/2007 revealed mild degenerative changes of the lateral intercarpal joint and an MR of the upper extremity revealed cellulitis and probable associated underlying abscess. Recommendation is for aspiration of this collection and correlation with culture and sensitivity. It does not document what body part, which upper extremity is being imaged. The request for authorization form was not submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 x Physical Therapy Sessions two times a week for six weeks, Left Arm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The injured worker had tenderness on palpation to acromioclavicular joint. According to the California Medical Treatment Utilization Review Schedule, guidelines recommend active therapies require an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatment is associated with substantially better clinical outcomes. The physical medicine guidelines allow for fading treatment frequency (from up to 3 visits per week to 1 or less per week), plus active self-directed home physical medicine. Myalgia and myositis unspecified, 9 to 10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks. Although there was some documentation of functional deficit in the left shoulder on range of motion and the elbow on the left, the request for 12 physical therapy sessions 2 times a week for 6 weeks for the left arm, exceeds physical medical guidelines of 9 to 10 visits over 8 weeks. Therefore, the request is not medically necessary.